

KANSAS MEDICAID STATE PLAN

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REHABILITATION SERVICES LIMITATIONS

- maladaptive or disruptive behaviors designed to prepare them to return to less restrictive settings.
- ii. Treatment in secure residential group care facilities in which there are staff trained in providing treatment to high-risk, impulsive youth.
- iii. Treatment provided in non-secure community-based facilities for youth having severe behavioral problems and secondary diagnosed disturbances.
- b. Qualifications: SRS/CFP Provider Agreement.
- c. Units of services are billed on a per diem basis through the methodology described in 4.19-B, part B, page 1. Room and board payments are not included.
- d. Limitations: This service must be prior authorized.
- 4. Therapeutic Foster Care:
 - a. Description: Services for the purpose of enabling a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services, or to reunify and reintegrate the child's family after out of home placement. The services are provided by highly trained licensed family foster care providers, who are recruited, assessed, trained and supported with intensive on-site casework supervision by licensed child placing agencies. These individuals act as surrogate parents and interact with the child using techniques learned through the training to help the child return to a normal family setting.
 - b. Qualifications; Training provided by licensed child placing agencies with SRS/CFP Provider Agreement
 - c. Units of services are billed on a per diem basis for the treatment component only. Room and board payments are not included.
 - d. Limitations: This service must be prior authorized. Service is limited to a total of two children per Therapeutic Foster Care Home.

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5. Family Counseling

- a. Description: Face-to-face services in which the child is always present dealing directly with the problems, needs and strength of the individual child. This includes guidance and treatment to alleviate problems of a developmental, emotional or physical nature through a variety of therapeutic techniques. The purpose is to maintain the child's placement in the child's home, to maintain placement in the least restrictive setting, or to facilitate a child's successful return to the family if out of home placement has occurred. This service will primarily take place in the home setting or similar community setting. Family counseling services are not intended to take the place of therapeutic services provided by mental health professionals nor are they intended to meet the needs of children who require well coordinated treatment efforts due to severe emotional disturbance.
- b. Qualifications: Must at minimum be one of the following:
 - i. Licensed Bachelor's Degree Social Worker,
 - ii. Licensed Master's Degree Social Worker,
 - iii. Licensed Master's Psychologist,
 - iv. Licensed Marriage and Family Therapist,
 - v. Licensed Professional Counselor, and
 - vi. Function under a supervisor who, at minimum shall possess a Master's level degree in social work or a Bachelor's degree in social work, or other related human service area and two years social work experience.
- c. Units of service are billed on an hourly basis.
- d. Limitations: This service requires prior approval.

6. Group Counseling

- a. Description: Face-to-face services in which the child is always present dealing directly with the problems, needs and strength of the individual

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REHABILITATION SERVICES LIMITATIONS

child. This includes guidance and treatment to alleviate problems of a developmental, emotional or physical nature through a variety of therapeutic techniques. The purpose is to help avoid movement to a more restrictive placement, or to facilitate a child's successful return to the family if out of home placement has occurred.

Group counseling services are not intended to take the place of therapeutic services provided by mental health professionals nor are they intended to meet the needs of children who require well coordinated treatment efforts due to severe emotional disturbance.

- b. Qualifications: Must at minimum be one of the following:
 - i. Licensed Bachelor's Degree Social Worker,
 - ii. Licensed Master's Degree Social Worker,
 - iii. Licensed Master's Psychologist,
 - iv. Licensed Marriage and Family Therapist,
 - v. Licensed Professional Counselor, and
 - vi. Master's level degree in social work or a Bachelor's degree in social work, or other related human service area and two years social work experience.
- c. Units of service are billed on an hourly basis.
- d. Limitations: This service requires prior approval.

7. Individual Counseling

- a. Description: Face-to-face services in which the child is always present dealing directly with the problems, needs and strength of the individual child. This includes guidance and treatment to alleviate problems of a developmental, emotional or physical nature through a variety of therapeutic techniques. The purpose is to maintain placement in the child's home, to maintain placement in the least restrictive setting, or to facilitate a child's successful return to the family if out of home placement has occurred. This service will primarily take place in the home setting or similar community setting. Individual counseling services are not intended

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REHABILITATION SERVICES LIMITATIONS

to take the place of therapeutic services provided by mental health professionals nor are they intended to meet the needs of children who require well coordinated treatment efforts due to severe emotional disturbance.

- b. Qualifications: Must at minimum be one of the following:
 - i. Licensed Bachelor's Degree Social Worker,
 - ii. Licensed Master's Degree Social Worker,
 - iii. Licensed Master's Psychologist,
 - iv. Licensed Marriage and Family Therapist, or
 - v. Licensed Professional Counselor, and
 - vi. Function under a supervisor who, at minimum shall possess a Master's level degree in social work or a Bachelor's degree in social work, or other related human service area and two years social work experience.
- c. Units of service are billed on an hourly basis.
- d. Limitations: This service requires prior approval.

State Agency

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

CASE MANAGEMENT

I. Targeted Case Management - Mental Health

a. Target Group:

This service will be reimbursed when provided to adults with long term mental illness or severe and persistent mental illness, or children with severe emotional disturbance

b. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

Eligible recipients will have free choice of the qualified providers of case management services.

Eligible recipients will have free choice of the providers of other medical care as covered elsewhere under the Plan.

c. Description: The goal is to enhance independent functioning through which the consumer is integrated into and/or maintained within the community, so that institutionalization is not as likely or frequent. The individual is assisted in obtaining access to needed medical, social, educational, and other services. All interventions provided shall be related to specific goals set forth in the consumer's treatment plan which has been approved by a physician skilled in treatment of mental disorders. Interventions include the following:

1. Treatment Planning: This includes facilitating the team treatment planning process, developing goals and objectives based on a strengths assessment, monitoring to insure that the plan is working, and making changes when needed.
2. Collateral Contacts: This includes phone and written correspondence, as well

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT

as face-to-face contacts with other social service agencies, schools, housing and employment resources, and medical services.

3. Access to Supports: This includes assisting individuals in obtaining access to needed medical, social, educational, and other services.
- d. Qualifications: Targeted Case Manager: Each person working as a Targeted Case Manager shall, at a minimum:
 1. Have at least a BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education with one year of experience substituting for one year of education;
 2. Possess demonstrated interpersonal skills, ability to work with persons with severe and persistent mental illness and/or severe emotional disturbance, and the ability to react effectively in a wide variety of human service situations;
 3. Meet the specifications outlined in the CMHC licensing standards in regard to any ongoing requirements (as in completion of training requirements according to a curriculum approved by the Division of Health Care Policy); and,
 4. Pass KBI, SRS child abuse check, Adult abuse registry and motor vehicle screens.
- e. Supervision: The Targeted Case Manager is supervised by "approved Center staff" which may include an MSW (Master's Level Social Worker), LMLP (Licensed Master's Level Psychologist), licensed psychologist or master's degree psychiatric nurse within the agency delivering targeted case management services.

Substitute per letter dated 5/11/01

State Agency

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

CASE MANAGEMENT

II Targeted Case Management - Behavior Management

a. Target Group:

This service will be reimbursed when provided to children who are Medicaid recipients age 0-21 who either are, or are at risk of abuse, neglect, abandonment, family violence, out-of-home placement or institutionalization as evidenced by an assessment made by a designated state children's service agency.

b. Freedom of Choice:

The State assures that the provision of case management services to children in the care or custody of the SRS will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the qualified providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care as covered elsewhere under the Plan.

c. Non-Duplication of Payment:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. To the extent any eligible recipients in the identified target population are receiving targeted case management services from another provider agency as a result of being members of other covered target groups, the provider agency will ensure that case management activities are coordinated to avoid unnecessary duplication of services and the State assures that it will not seek Federal matching for the case management services that are duplicative.

d. Areas of State in which services will be provided:

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CASE MANAGEMENT

- /x/ Entire State
- // Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide service less than Statewide.

e. Comparability of Services:

- // Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

- /x/ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

f. Definition of Services:

Targeted case management services are those that assist an individual in the target group in accessing needed medical, social, educational, and other services appropriate to the needs of the individual. Case management assistance includes the following activities:

1. Client Intake through identifying programs appropriate for the individual's needs, and providing assistance to the individual in accessing those programs.
2. Assessment of the recipients family/community circumstances, risks to the child, and service needs in order to coordinate the identification, accessing and the delivery of services.
3. Case Planning with the recipient, care giver and other parties, as appropriate to identify the care, services and resources required to meet the recipient's needs as identified in the assessment and how they might be most appropriately delivered.

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State/Territory: Kansas

CASE MANAGEMENT

4. Service Coordination and Monitoring through linkage, referral, coordination, facilitation, documentation and recipient specific advocacy to ensure the recipients access to the care, services and resources identified in the case plan. This is accomplished by personal, written or electronic contacts with the recipient, his/her family or care giver, service providers and other interested parties.
5. Case Plan Reassessment will be periodically conducted to determine and document whether or not medical, social, educational or other services continue to be adequate to meet the goals identified in the case plan. Activities include assisting recipients to access different medical, social, educational or other needed care and services beyond those already identified and provided.

g. Qualification of Providers:

Case management services will be provided only through qualified provider agencies. Qualified case management services provider agencies must meet the following criteria:

1. Have full access to all records that pertain to the child's needs for services including records of the State's District Courts and the State's Child Service Agencies,
2. Must ensure 24-hour availability of case management services and continuity of those services,
3. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
4. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and

Substitute per letter dated 5/11/01

State Agency

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT

5. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.
6. Have at least a BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education with one year of experience substituting for one year of education;
7. Pass KBI, SRS child abuse check, Adult abuse registry and motor vehicle screens.
8. Function under a supervisor who, at minimum shall possess a Master's level degree in social work; or a Bachelor's degree in social work or other related human service, and two years social work or other related human service work experience.

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KANSAS MEDICAID STATE PLAN

Attachment 4.19-B

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Rehabilitation Services Methods and Standards for Establishing Payment Rates

A. COMMUNITY MENTAL HEALTH CENTERS SERVICES

For community health services, including targeted case management, reasonable fees related to customary charges shall be paid except no fee will be paid in excess of the range maximum. The range of charges provides the base for computations. The range of customary charges will be determined based on, as appropriate, costs, charges, Medicare limits, and other information which is relevant. The services covered by this reimbursement methodology are:

- | | |
|--------------------------------|--|
| 1) Admission Evaluation | 10) Medication Review |
| 2) Case Conference | 11) Partial Hospitalization |
| 3) Case Consultation | 12) Pre-Admission Screening Assessment |
| 4) Attendant Care | 13) Psychological Testing |
| 5) Family Therapy | 14) Psychosocial Treatment Group |
| 6) Group Therapy | 15) Targeted Case Management |
| 7) Individual Therapy | 16) Community Psychiatric Supportive Treatment |
| 8) Medication Administration | 17) Individual Community Support |
| 9) Group Medication Management | |

B. BEHAVIOR MANAGEMENT SERVICES

For Behavior Management Services reasonable fees related to customary charges shall be paid. The range of charges provides the base for computations. The range of customary charges will be determined based on, as appropriate, costs, charges, Medicare limits, and other information which is relevant. No fee will be paid in excess of the range maximum. Room, board, and maintenance costs for Therapeutic Foster Care and Residential Group Treatment are not reimbursable. Services subject to this payment methodology are;

- | | |
|---------------------------------|--------------------------|
| 1) Attendant care | 6) Group Counseling |
| 2) In-Home Family Treatment | 7) Individual Counseling |
| 3) Level V Group Home Treatment | |
| 4) Therapeutic Foster Care | |
| 5) Family Counseling | |

C. FAMILY PRESERVATION, FOSTER CARE, AND ADOPTION SERVICES

For these reasonable fees related to customary charges shall be paid. The range of charges provides the base for computations. The range of customary charges will be determined

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Rehabilitation Services Methods and Standards for Establishing Payment Rates

based on, as appropriate, costs, charges, Medicare limits, and other information which is relevant. No fee will be paid in excess of the range maximum. Room, board, and maintenance costs for Therapeutic Foster Care and Residential Group Treatment are not reimbursable.

For these providers, payments are made on a case rate basis. These providers have negotiated and signed contracts with the Department of Social and Rehabilitation Services. The amount to be claimed for federal Medicaid reimbursement is determined as follows:

- 1) Encounter data is collected for each service provided.
- 2) When all eligibility criteria are met, the Medicaid fee-for-service payment rate is multiplied times the number of services provided to determine the Medicaid allowable cost.
- 3) The amounts determined above in steps 1 and 2, for each Medicaid eligible individual, are totaled.
- 4) The amounts paid to the provider, for each Medicaid eligible individual, are totaled.
- 5) The lesser of the amounts determined in steps 3 and 4 is the amount claimable to federal financial participation for each Medicaid eligible individual.
- 6) The amounts determined in step 5 above is accumulated for all Medicaid eligible individuals.

The net effect of this computation is that the federal financial participation is charged no more than the fee-for-service rates already in effect for the same eligible individuals and existing Medicaid eligible services given actual usage of services.

All charges for federal financial participation are based on actual encounter data and the steps described above.

All services listed in sections A and B as well as behavior management targeted case management are included in the contractual arrangements and are subject to this payment methodology.